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7590

09/16/2004

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1 ADMINISTRATION CIRCLE  
CHINA LAKE, CA 93555-6100  
12/01/2004 HGBREME 00000036 500931 10617442



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TRUDI SLONE

(Depositor's name)

(Signature)

December 1, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/617,442	07/07/2003	Elwood Ranck Webster	83574	3477

TITLE OF INVENTION: SELF-DEPLOYING SAFETY BRACE SPRING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	12/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
OLSON, LARS A	3617	114-20100R

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 LAURA R. FOSTER

2

3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The United States of America  
as represented by the  
Secretary of the Navy

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Washington, DC

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☒ Government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 1

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0931 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date DECEMBER 1, 2004

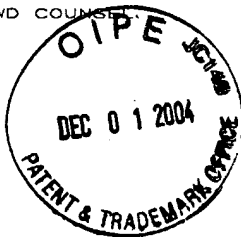
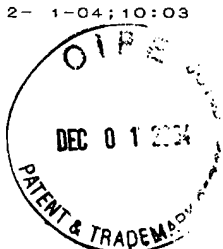
Typed or printed name LAURA R. FOSTER

Registration No. 45,860

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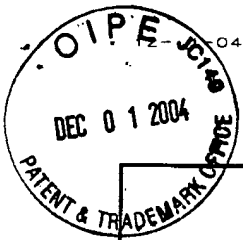
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**FROM: TRUDI SLONE**  
**Office of Counsel, Naval Air Warfare Center Weapons Div**  
**PHONE NO.:** (805) 989-7735  
**FACSIMILE NO.:** (805) 989-1695

**DATE:** 1 December 2004

**SUBJECT:** Issue Fees for Navy Case 83574, Application No. 10/617,442

**COMMENTS:**



PTO/SB64 (08-03)  
Approved for use through 07/31/2006. OMB 0651-0031  
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Attorney Docket No. 83574

Attached Paper(s) or Fee(s):

Transmittal Form	1 page
PTOL-85 Fee(s) Transmittal Form (2 copies)	2 pages

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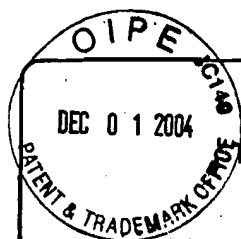
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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Application Number	10/617,442
Filing Date	7/7/03
First Named Inventor	WEBSTER, Elwood R.
Art Unit	3617
Examiner Name	Olson, Lars A.
Total Number of Pages in This Submission	3
Attorney Docket Number	83574

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing - related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interference's <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (Please identify below)
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Laura R. Foster	45,860
Signature	<i>Laura R. Foster</i>	
Date	1 Dec 2004	

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Typed or Printed Name	TRUDI SLONE		
Signature	<i>Trudi Slone</i>	Date	1 Dec 2004

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